

John & Carol Waggoner

Abilene, TX.

Aug. 14, 2020

House of Representatives, Information Request

Topic: Impact of COVID-19 on Long-Term Care Facilities

John H. Waggoner's Story:

My husband, John Waggoner is an 80 year old, 25 year Air Force veteran. He served during the Cuban crisis, in Vietnam, in Puerto Rico, Korea, Okinawa, and Germany besides a number of bases in the US. He is a 100% disabled veteran due to dementia, post-traumatic stress disorder, hearing loss, and arthritis of the knees. He was also a 14 year employee of the Texas Department of Criminal Justice, serving as a correctional officer.

We have been married for 56 years. He was diagnosed with fronto-temporal dementia in 2002, 18 years ago and he did quite well with me caring for him at home with help of caregivers. On Feb. 6, 2020, he had two serious falls within 24 hours, hitting the back of his head, leaving him immobile, unable to walk or take a step. He was admitted to Hendricks Hospital in Abilene for 5 days and transferred to the Lamun Lusk Sanchez, Texas State Veterans Home, Big Spring, on Feb. 11, 2020. He is in the Memory Unit, Long Term Care, and receiving excellent care. However, they can't provide my love for him, give him a hug, nor a kiss, hold his hand to comfort him when he is upset and agitated, sad, lonely, or confused.

The COVID lockdown came at this facility with no warning! Just a sign posted on the door when I arrived after a 108 mile trip for a visit. We have been unable to visit in person since Mar. 9, 2020. He doesn't understand why he is where he is, much less why family suddenly stopped visiting him, nor why we stopped comforting him in the strange place. He is depressed, and "sad" as he says, has had a major decline in speech, interacts little with others, can barely read, and doesn't know enough to ask for a drink, or know to push the call button to get help so he can get out of bed. He is unable to use a cell phone, computer, tablet, regular phone, turn on a tv, tell a nurse if he is hurt, or feels ill, has a sore in the diaper area, or any other request to help himself. He has depended on me to be his advocate for the 18 years we have been dealing with the dementia.

Isolation, lack of social contact, lack of stimulation is the worst thing that can happen to a dementia patient. Isolation is a killer as much as any virus!

The Phase 1 Visitation is far too limiting for Dementia Patients! We have been visiting since mid may at a closed window, using cell phones to communicate, and John can still play Connect Four, Tic Tac Toe and put features on faces with stickers that I have put on a magnetic board and hold up to the window.

The Outside Visit, 6' distance, wearing masks, no touching, will not work for John because he is too hard of hearing to hear at that distance.

The Indoor Visit, with a plexiglass divider, wearing masks, no touching. . . again, he will not be able to hear, and do we just sit there looking at each other? He doesn't really carry on a conversation, but likes the simple games I mentioned above, to paint a picture, to put stickers on objects, to move his hands and feet to music, but a person has to sit beside him and help him with each step.

Being separated from someone you love is beyond isolation. It is a loss that cannot be substituted. The loss of connection is profound. Dementia patients need touch, hugs, hand holding, side by side attention to retain any of the brain function that they have. Much of that

has now been lost, plus precious time together by the cruel isolation from family. In years ahead, we will find the lockdown of the elderly has caused far more irreparable problems than it ever prevented. The care facilities were locked down by HHSC, CMS, and the governor's approval supposedly to protect our most vulnerable. Now our most vulnerable need protection from HHSC! Families are dealing with a humanitarian crisis.

Family members are **essential** caregivers. They help feed, dress, change diapers, mend clothes, help the patient to exercise, provide emotional support, provide mental stimulation with games & crafts, give haircuts, cut fingernails & clean them, change out clothes season to season, provide special care items—the bear at bedtime, the special cream for the diaper area, love, hugs, hand holding, knowing when the person is ill or injured by their behavior.

I am asking those in the decision making authority to allow in person visits for patients and their families who are dealing with this heartbreak. Employees come and go daily from the care facilities. Since no family member has been allowed in the facilities **for 5 months as of this date**, who is bringing in the virus? And as the spouse of a patient/resident, I am elderly. I have been mostly at home, in no crowds, leaving the house very seldom except for essentials, wearing a mask, using hand sanitizer, antiseptic wipes. There is no reason I cannot visit my husband in his room at his facility, get his clothes in order, give him a hug, hold his hand, give him a haircut, and relieve him of the stress he is showing by his agitated behavior, trying to get out the doors to see me, showing signs with poor behavior because he does not know how to say "I am lonely, isolated and dying a little each day without love from my family." I am pleading to be allowed to be with my husband while we are both alive. Precious time is being wasted! Can we recognize the toll the separation from family is taking while recognizing the need to balance the safety of resident and staff?

I am an essential caregiver!

Sincerely,
Carol Waggoner, Wife

